

## **Chapter 6 Eligibility Determination**

In Missouri, children who are eligible for early intervention services are children between the ages of birth and 36 months who have been determined to have a diagnosed physical or mental condition associated with developmental disabilities or a condition that has a high probability of resulting in a developmental delay or disability, or who have an identified developmental delay in one of the five developmental domains.

Eligibility Criteria
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### **Services to At-Risk Children**

The State of Missouri does not include children considered to be “at risk” of having substantial developmental delays for eligibility in the Part C system. The phrase “at risk” includes infants and toddlers who are not otherwise covered by the definitions described previously.

### **Residency Requirements**

In addition to a diagnosed delay, physical or medical condition, the State Plan for Part C requires the following for a child to be eligible for First Steps services:

- A child must be a resident of the State of Missouri
- A child living with a parent, legal guardian, or person “acting as a parent” in the State of Missouri is considered a resident
- A child living in Missouri solely for the purpose of receiving Part C services is not considered a resident.

### **Multidisciplinary Evaluation**

State and Federal regulations require that the evaluation and assessment of each child must include the following:

- 1.) a review of current health records and medical history;
- 2.) an interview with the family regarding their child's early development, including their observations and concerns;
- 3.) an evaluation of the child's level of functioning in each of the following areas:
  - a.) cognitive development,
  - b.) physical development, including vision and hearing,
  - c.) communication development,
  - d.) social/emotional development, and
  - e.) adaptive development;
- 4.) an assessment of the unique needs of the child in terms of each developmental area; and,
- 5.) the identification of services appropriate to meet those needs.

Multidisciplinary means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities.

The evaluation for eligibility and the initial assessment of each child (including the family assessment) determined to be eligible for Part C services (and initial IFSP meeting) must be completed within 45 calendar days of referral. In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g. if a child is ill or there is some other family-initiated situation that cause a delay, etc.), the Intake Coordinator will document those circumstances in case notes. Individual family circumstances such as child illness or family schedule conflicts may legitimately delay the determination of eligibility and development of the initial IFSP. The inability of the First Steps system to respond in a timely manner to evaluation

and assessment requirements is not a legitimate reason to exceed the 45 calendar days.

The Intake Coordinator is responsible for collecting existing information from the family, primary medical care provider(s), and others who have information related to determining a child's eligibility. Information may be collected by requesting relevant medical reports, conducting interviews, and/or taking information over the telephone that is later supported by hard-copy documents for retention in the child's record. Parent reports and documentation from previously conducted assessments or treatment can serve as valuable sources of information. This is especially true for infants referred from Neonatal Intensive Care Units (NICU) or other hospital programs. These infants generally have a wealth of diagnostic information that has been developed. For older children, information from childcare, Parents as Teachers, and/or Early Head Start programs may also contain important and relevant information. It is appropriate to use these documents in determining eligibility.

Families decide which information they want to share and with whom they want the information shared. Family members should have the opportunity to be involved in all discussions and to be equal partners throughout the process.

Existing information including parent interview, structured observation, medical input and existing assessment information should be used before any additional formal assessments (testing) are planned or conducted. In order to avoid unnecessary duplication of activities (especially related to screening, evaluation and assessment activities) it is important that the Intake Coordinator and family members obtain and review any relevant and current

screening, evaluation and assessment data. An example of the type of information that should be included in this process is the completed Health Summary. This document contains important information concerning the child's immunization status, medications and developmental issues identified by the medical home provider. This information should be obtained, reviewed, and integrated into the overall planning activities. Assessments that have been performed in the past and are considered to accurately reflect the child's current abilities, should be utilized in eligibility determination activities.

Prior notice and written consent must be obtained from the parent for any and all initial evaluation and assessment activities. Intake coordinators are responsible for ensuring that the family understands the intent and purpose of any evaluation and assessment activity. It is good practice to provide the results of evaluation and assessment activities to the family verbally and in writing within a reasonable time, and before results are used in IFSP development.

The Intake Coordinator reviews all existing information including screening, medical records, parent reports, observations, and assessments to determine eligibility. This can be done without a team meeting unless the Intake Coordinator needs additional input in considering all of the data and reaching a conclusion.

- If the Intake Coordinator decides that no further assessments appear to be warranted and the child is determined ineligible, the family is informed of this decision through a notice and their right to appeal this decision. They are given a copy of their procedural safeguards. Referral assistance is

provided to the family to connect them with other available services. Written parental consent must be obtained for these referrals. Both the hardcopy and electronic record/chart on the child should then be closed.

- If presenting information is sufficient to determine eligibility, the Intake Coordinator should complete the documentation for eligibility determination and move forward with identification of priorities and concerns identified by the family and conduct any additional assessment activity necessary to support the development of the initial IFSP. The family will select the providers for the assessments using the Provider Matrix.
- If the review of presenting materials was insufficient to determine eligibility, necessary screenings and/or assessments must be performed in order to complement the existing information necessary to determine eligibility. If insufficient information is available to determine eligibility, individual discipline assessments may be identified and performed that will complete the requirements for eligibility determination. Families will be assisted by their Intake Coordinator to select an individual provider from the Service Matrix to conduct the assessment. The Intake Coordinator completes the Authorization Form – Evaluation/Assessment Teaming for this service and sends it to the SPOE. The results of these individual assessments are integrated with existing documentation and used to determine eligibility.
- If, after additional information gathering, the child is determined ineligible, the family is provided with a Notice of Action of Ineligibility and a copy of their procedural safeguards.

Provider Matrix
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Additionally, referral assistance is provided to the family to connect them with other available services. This could include a referral to a variety of community services including Parents as Teachers and Early Head Start. The family always needs to know that they can make another referral to First Steps in the future, should they believe that their child's lack of development might qualify them for First Steps services at that time.

The Eligibility Determination Form that has been developed helps to guide the evaluation process for eligibility. No single procedure is used as the sole criterion for determining a child's eligibility. This is very important to understand. A test score, for example, should not be the determining factor for eligibility. That is simply one piece of information that should be looked at in combination with all of the other information that has been gathered about the child.

If a child is referred to First Steps based upon one of the newborn or neonatal/infant/toddler conditions listed under the Eligibility Criteria in Missouri's Part C Regulations, it is necessary to obtain written documentation from, or have a conversation with a physician or other professional who can verify that the child has the condition. Documentation of any face to face or telephone conversations must be made in case notes and on the Eligibility Documentation Form. Written documentation must be requested and placed in the EI record. Written documentation in the form of the discharge summary or other medical/health records must also be obtained and placed in the file to substantiate and supplement the information contained on the NICU referral form or First Steps Referral Form completed by a physician. If a child is referred due to another condition not listed within the State's eligibility criteria, documentation must be obtained from a Board Certificated Neonatologist, Pediatrician, Geneticist, and/or Pediatric Neurologist of the condition

Eligibility Criteria
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and the potential impact of this condition in one or more of the five developmental areas. Typically, but not always, children referred with a condition will not need a formal screening or formal assessment to determine eligibility. However, assessment for IFSP planning will likely need to be done if sufficient developmental information was not obtained during evaluation for eligibility.

When a child is referred to First Steps because of a **suspected developmental delay**, there are various scenarios that describe how the process should look:

1st Scenario - The child has had a formal screening prior to referral by Parents as Teachers (PAT), their physician, or other source and there is concern in one or more areas based on screening results. Information for Items 1-5 needs to be gathered and -- at a minimum -- the child must be assessed through a structured observation in the child's natural environment. The structured observation is conducted by an appropriately trained provider other than the Intake/Service Coordinator. The decision about the discipline or profession that is appropriate to be assigned to conduct this assessment is based upon the developmental areas identified as concerns. Structured observations involve systematically observing and assessing the child's functional skills to determine age appropriateness. Various tools may be used (e.g. curriculum based assessments, observation checklists, or language samples). Play based assessment techniques may be used in this process. Information about the structured observation should be noted under Item 6.

In some cases the Intake Coordinator will determine that formal assessment is necessary (Item 6). Formal assessment results should be used in addition to the other information already gathered to make an eligibility determination. In some cases, the results of the formal assessment will clearly confirm eligibility based on at least a 50% delay in one or more areas.

In some cases a child will not be eligible based on assessment.

There may be other situations in which informed clinical opinion is used to determine that, while the results of testing do not confirm a 50% delay, the review of all available documentation supports the conclusion that the child is truly experiencing delays equivalent to that level. Documentation must be thorough enough to clearly support the decision.

In a situation where only one discipline conducted an evaluation and no medical information related to development is available, the Intake Coordinator may be considered the second discipline/profession in the multidisciplinary evaluation. This is due to their role in reviewing all available information gathered from screening, physicians, parents, and others conducting assessments to integrate the information as part of the evaluation process.

2<sup>nd</sup> Scenario – The child is referred to First Steps because the family or child care provider is concerned about the child's development and no formal screening has been done. If the information received from the referral source does not strongly support a significant delay, the Intake Coordinator should screen the child or arrange for screening to determine if there is reason for moving forward with intake/evaluation. If screening indicates delays or there is any question about potential eligibility, at a minimum, a structured observation of the child is required, to accompany the existing information, in order to make an eligibility determination. The Intake Coordinator can also make the decision to move into formal assessment to assist with the eligibility determination.

State regulations for Part C outline that the eligibility statement must be documented and address the following:

- 1.) a diagnosed medical condition, or
- 2.) the area(s) in which the child was found to be delayed and the degree of delay.

This eligibility statement is recorded on the Eligibility Determination Form and recorded into the child data system by the SPOE. If the child is determined eligible, the Intake/Service Coordinator continues, with the family, to facilitate the next steps towards planning and preparing for the development of the Individualized Family Service Plan (IFSP). The Intake/Service Coordinator should review the available child information to ensure that there is adequate information available to move ahead with IFSP development.

### **Family Assessment**

While the family may already have identified some concerns, priorities and resources prior to eligibility determination, it is not until AFTER eligibility has been confirmed and documented that the formal family assessment is conducted with the family. Federal regulations require that the focus of service delivery is the child in the context of their family. The focus is upon the family as the primary client. The intent of early intervention is to build upon the natural routines and supports of families and children within their communities and to support families in their abilities to meet the health and developmental needs of their child. Integrating services into the naturally occurring activities and routines of the family promotes the generalization of skills for the child and establishes a continuum of support after the child leaves the early intervention system.

The family assessment must be designed to determine the strengths and needs of the family

related to enhancing the development of the child. This means the assessment should focus on areas that the family identifies as concerns and priorities or where they feel they could benefit from additional resources to help their child developmentally. The family assessment is voluntary on the part of the family. It is important to approach the provision of early intervention services from a needs based perspective, rather than related to the specific diagnosis of the child.

### **Principles for Identifying Family Concerns, Resources and Priorities**

- Inclusion of family information on the IFSP is voluntary on the part of families. The identification of family resources, priorities, and concerns is based on a family's determination of which aspects of family life are relevant to the child's development. A family's need or concern is only a need or concern if it is perceived to be such by the family.
- Families have a broad array of formal and informal options to choose from in determining how they will identify their resources, priorities, and concerns. Intake/service coordinators should work with families to identify these supports and incorporate them accordingly into the IFSP. It is not the role or purpose of early intervention to replace the typical supports that exist for families, but to work to incorporate these into the IFSP outcomes and service recommendations.
- Families should have multiple and continuing opportunities to identify their resources, priorities, and concerns.
- Family confidences should be respected, and family-shared information should not be discussed casually among early intervention

providers. Discussions concerning the IFSP planning, development or implementation process should be planned, strategic and conducted with the prior informed knowledge, if not participation, of the family.

- Identifying family resources, priorities, and concerns should lead to development of IFSP outcomes, strategies, and activities that help families achieve what they need from early intervention.

### **Conducting the Family Assessment**

With the family's consent, the Family Assessment is to be conducted by the Intake/Service Coordinator through a personal interview. The Intake Coordinator should interview the family using Section 5 of the IFSP "Summary of Family Concerns, Priorities and Resources to Enhance the Development of their Child". This assessment is offered and completed with the family prior to the initial IFSP development team meeting and reviewed with the family prior to each annual evaluation of the IFSP. This section would then be included in the IFSP document.

Family Assessment
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If the family declined consent, the Family Assessment would not be completed and Section 5 of the IFSP would be left blank.

In many cases the specific issues that families identify to enhance their skills related to their child's needs will be incorporated as an outcome(s) in the IFSP and those strategies and activities, including who is responsible for assisting the family, are defined. Some issues identified by the family will also be included in the "Other Services" section of the IFSP, if the identified needs are not required or eligible under Part C. Assistance to identify resources and supports that would benefit the

family, but are unrelated to enhancing the family's capacity to respond to their child's developmental needs, should be supported by referral efforts and documented in the IFSP.

In order to be successful in facilitating these referrals, each Intake/Service Coordinator will benefit from having a resource file with local service and support information, as well as access to information and help lines available in Missouri.

### **Native Language**

In addition to ensuring that the instruments used in assessments are non-biased and not discriminatory, the use of interpreters to facilitate accurate communication is required when the family's native language or mode of communication is other than English. Interpreters should be utilized during all key procedural moments (i.e., eligibility determination, assessments, IFSP development, and IFSP reviews). This ensures that the family fully understands the course of treatment, their role and responsibilities in service delivery, and the general outcomes expected as a result of the service.

While interpreters do not need to be present at every opportunity of direct service, these services should be offered and made available to families at strategic moments (e.g., IFSP development) to ensure that they are full and active participants in the IFSP process for their child and family.